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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGANJAMES L RICE JR.

Plaintiff,

v.

COMMISSIONER OF SOCIAL SECURITY,

Defendant.

Case 2:16-cv-11330
 Judge: Cohn, Avern
 MJ: Davis, Stephanie Dawkins
 Filed: 04-12-2016 At 12:46 PM
 CMP RICE, JR. v SOCIAL SECURITY (da
 t)

COMPLAINT FOR JUDICIAL REVIEW OF SOCIAL SECURITY DECISION

Plaintiff states:

1. Plaintiff is a resident of the County of Wayne and the State of Michigan, with a Social Security number of 385-98-1488.
2. Plaintiff complains that the Commissioner's final decision dated 4-1-16 adversely affects plaintiff in whole or in part. Attached is the Commissioner's final decision notifying plaintiff of a right to sue, which bears the following caption:

Name of Claimant

Claim for (Disability, Survivor's Benefits, Etc.)

Name of Wage Earner

Wage Earner's Social Security Number

3. Plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405(g).

WHEREFORE, plaintiff seeks judicial review by this court and the entry of a judgment for such relief as may be proper, including costs.

Dated: 4-12-16NOTE TO PLAINTIFF:

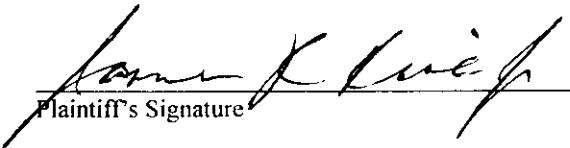
You may attach additional pages to provide the Court any additional information in support of your complaint.

Attach to this form a copy of the final determination you received from the Commissioner of Social Security, notifying you of your right to sue.

James L Rice Jr
 Plaintiff's Signature
18047 OAKFIELD
 Street Address
Det, Mich 48235
 City, State, Zip Code
(313) 534-7976
 Telephone Number
RICE.JAMES.L@STUDENT.OAKLAND.EDU
 E-mail Address

Additional Information:

I FILED with SOCIAL SECURITY & I HAVE SLEEP disorder that CAUSES back PAIN, LEG, SHOULDER pain. I FALL ASLEEP when I AM AWAKE from this SLEEP disorder. I CAN'T SIT, STAND OR WALK NO MORE TO 2 HRS and that MAKES me DISABLE from 4 HRS OF WORK.



Plaintiff's Signature



SOCIAL SECURITY ADMINISTRATION

Refer to: TLC
385-98-1488

Office of Disability Adjudication
and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255
Telephone: (877) 670-2722
Date: April 1, 2016

NOTICE OF APPEALS COUNCIL ACTION

Mr. James Roland Rice Jr
18047 Oakfield
Detroit, MI 48235

This is about your request for review of the Administrative Law Judge's decision dated December 23, 2014.

We Have Denied Your Request for Review

We found no reason under our rules to review the Administrative Law Judge's decision. Therefore, we have denied your request for review.

This means that the Administrative Law Judge's decision is the final decision of the Commissioner of Social Security in your case.

Rules We Applied

We applied the laws, regulations and rulings in effect as of the date we took this action.

Under our rules, we will review your case for any of the following reasons:

- The Administrative Law Judge appears to have abused his or her discretion.
- There is an error of law.
- The decision is not supported by substantial evidence.
- There is a broad policy or procedural issue that may affect the public interest.
- We receive new and material evidence and the decision is contrary to the weight of all the evidence now in the record.

What We Considered

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

In looking at your case, we considered the reasons you disagree with the decision.

We found that this information does not provide a basis for changing the Administrative Law Judge's decision.

We also looked at medical records from SG Primary Care Center dated November 10, 2015 and a therapy certificate from the Rehabilitation Institute of Michigan dated March 17, 2016. The Administrative Law Judge decided your case through December 23, 2014. This new information is about a later time. Therefore, it does not affect the decision about whether you were disabled beginning on or before December 23, 2014.

If you want us to consider whether you were disabled after December 23, 2014, you need to apply again. The new information you submitted is available in your electronic file for you to use in your new claim. If you need a paper copy of this evidence, you should:

- Contact us at the address noted at the top of this letter; or
- Contact your local field office at the address noted at the bottom of this letter when you file a new claim.

If you file a new claim for supplemental security income within 60 days after you receive this letter, we can use February 24, 2015, the date of your request for review, as the date of your new claim. The date you file a claim can make a difference in the amount of benefits we can pay.

You have the right to file a new application at any time, but filing a new application is not the same as appealing our action. If you disagree with our action and file a new application instead of appealing, you might lose some benefits or not qualify for any benefits. So, if you disagree with our action, you should file an appeal within 60 days.

If You Disagree With Our Action

If you disagree with our action, you may ask for court review of the Administrative Law Judge's decision by filing a civil action.

If you do not ask for court review, the Administrative Law Judge's decision will be a final decision that can be changed only under special rules.

How to File a Civil Action

You may file a civil action (ask for court review) by filing a complaint in the United States District Court for the judicial district in which you live. The complaint should name the Commissioner of Social Security as the defendant and should include the Social Security number(s) shown at the top of this letter.

You or your representative must deliver copies of your complaint and of the summons issued

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by the court to the U.S. Attorney for the judicial district where you file your complaint, as provided in rule 4(i) of the Federal Rules of Civil Procedure.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Social Security Administration's Office of the General Counsel that is responsible for the processing and handling of litigation in the particular judicial district in which the complaint is filed. The names, addresses, and jurisdictional responsibilities of these offices are published in the Federal Register (70 FR 73320, December 9, 2005), and are available on-line at the Social Security Administration's Internet site, <http://policy.ssa.gov/poms.nsf/links/0203106020>.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Attorney General of the United States, Washington, DC 20530.

Time To File a Civil Action

- You have 60 days to file a civil action (ask for court review).
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- If you cannot file for court review within 60 days, you may ask the Appeals Council to extend your time to file. You must have a good reason for waiting more than 60 days to ask for court review. You must make the request in writing and give your reason(s) in the request.

You must mail your request for more time to the Appeals Council at the address shown at the top of this notice. Please put the Social Security number(s) also shown at the top of this notice on your request. We will send you a letter telling you whether your request for more time has been granted.

About The Law

The right to court review for claims under Title II (Social Security) is provided for in Section 205(g) of the Social Security Act. This section is also Section 405(g) of Title 42 of the United States Code.

The right to court review for claims under Title XVI (Supplemental Security Income) is provided for in Section 1631(c)(3) of the Social Security Act. This section is also Section 1383(c) of Title 42 of the United States Code.

The rules on filing civil actions are Rules 4(c) and (i) in the Federal Rules of Civil Procedure.

If You Have Any Questions

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If you have any questions, you may call, write, or visit any Social Security office. If you do call or visit an office, please have this notice with you. The telephone number of the local office that serves your area is (866)365-6741. Its address is:

Social Security
10201 W Seven Mile Rd
Detroit, MI 48221-1903

/s/ Adelaide Edelson

Adelaide Edelson
Administrative Appeals Judge

cc: Beverly Lochard
18601 15 Mile Rd.
Clinton Township, MI 48035

ATTACHMENT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

Yes
 No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes
 No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

* Enter the county in which the action arose.

- .(a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)

Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

Nature of Suit. Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

Origin. Place an "X" in one of the six boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.

When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional statutes unless diversity. Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service

Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

Related Cases. This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

and Attorney Signature. Date and sign the civil cover sheet.

New Lawsuit Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets.			
<input checked="" type="checkbox"/>	Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank. # of Defendants + 2 = <u>3</u> Complaints.		Case 2:16-cv-11330 Judge: Cohn, Avern MJ: Davis, Stephanie Dawkins Filed: 04-12-2016 At 12:46 PM CMP RICE, JR. v SOCIAL SECURITY (da t)	
	Received by Clerk: _____ Addresses are complete: _____			
<input checked="" type="checkbox"/>	If any of your defendants are government agencies: Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.			
If Paying the Filing Fee:			If Asking That the Filing Fee Be Waived:	
<input checked="" type="checkbox"/>	Current new civil action filing fee is attached. Fees may be paid by check or money order made out to: <i>Clerk, U.S. District Court</i>		<input checked="" type="checkbox"/>	Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.
	Received by Clerk: _____ Receipt #: _____			Received by Clerk: <u>DA</u>
Select the Method of Service you will employ to notify your defendants:				
Service via Summons by Self		Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)	
<input checked="" type="checkbox"/>	Two (2) completed summonses for each defendant including each defendant's name and address.		<input checked="" type="checkbox"/>	Two (2) completed USM - 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.
			<input checked="" type="checkbox"/>	You need not submit any forms regarding the Waiver of Summons to the Clerk.
				<u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none">• One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant.• Two (2) Waiver of the Service of Summons forms per defendant.
	Received by Clerk: _____			Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.
Clerk's Office Use Only				

Note any deficiencies here: